

## CLASS C AMENDMENT FORM

237599

## File the original with:

Public Service Commission of South Carolina  
Clerk's Office  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896 - 5100  
FAX (803) 896-5199

## Mail or fax a copy to:

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

DATE: 7-6-12

*Harold Byrnes*  
*Expire Commission 7/27/2019*

I have the following Certificate:

☒ Class C Taxi # 2012-237599 ☐ Class C Charter # \_\_\_\_\_ ☐ Class C Charter Bus # \_\_\_\_\_  
☐ Class C Non-Emergency # \_\_\_\_\_

Please consider this as my request for the following amendment(s) to my Certificate:

☐ Name Change  
Iris King +

From: Charles Montgomery  
(Current Name)

DBA: Omega Transportation Taxi Serv  
(Current DBA if applicable)

TO: Iris King +  
Angela Abdel-Kader  
(New Name)

DBA: Omega Transportation Taxi Service  
(New DBA if applicable)

☐ Scope of Authority

From: \_\_\_\_\_  
(Current Scope)

To: \_\_\_\_\_  
(New Scope)

☐ Passenger Limit

From: \_\_\_\_\_  
(Current Limit Number)

To: \_\_\_\_\_  
(New Limit Number)

Iris King +  
Charles Montgomery dba Omega  
Name & DBA if DBA is applicable) Transportation  
taxi  
service

3750 Old Pine Circle # 418  
(Street and/or Mailing Address)

North Charleston, SC 29405  
(City, State, Zip Code)

Charles Montgomery  
(Signature)

(843) 926-5719  
(Telephone Number)

Owner  
(Title) Owner, President, etc.